

the dye that was the noxious agent. A few days after this Dr. W. A. Hardaway of St. Louis called on me, and told me that he had quite a large number of these cases. Dr. Hardaway says that it will attack the lids of one eye, leaving the other untouched. In fact, it will sometimes attack the eyelids and spare the forehead. It is very probable that the patient's general condition plays a part in the outbreak of the eruption. It would be most desirable if something could be found that would prevent this particular dye from being irritant, because its use is not always a question of vanity, but is a question of economics, as there are many employments in which gray-haired women are decidedly discriminated against. Many of the department stores will not take women with gray hair, and they also have their troubles in the school department. The youngsters seem to have a particular antipathy to gray hair, just as in Biblical times they had to Elisha's bald head. I wish to thank Dr. Chipman and Dr. Pickett for bringing our attention to these very interesting cases.

Dr. Harry E. Alderson: These papers are very timely as we are all seeing these cases in increasing numbers. One reason for this is that Mrs. Potter, or whatever her name is, has been advertising this patent hair dye a great deal and physicians all over the country have been advertising it by reading papers and mentioning it by name.

Dr. E. D. Chipman, San Francisco: I am very much interested in Dr. Power's suggestions as to the finding of a chemical antidote for this substance. Many of our cases were in women who were employed, and who depended upon their work for their bread and butter, and who could not gain employment as long as their gray hair was in evidence. I will say for Mrs. Potter that with the dye you can get the most beautiful Titian shade or the deepest black according to the quantity used. It is largely a question of susceptibility to it, as in poison oak; some of us can wade right into the poison oak and come out unharmed while others get severe reactions from going near it. Dermatitis venenata may appear in single patches or it may coalesce. We have seen instances where it would affect the upper lid and spare the lower lid. Concerning the spread of the disease, I have never been able to convince myself that either the spread of this disease or of poison oak were due to anything else but actual transference from part to part. It is very difficult for me to be convinced that these things travel in the blood or by means of nervous impulse or anything of that sort; they are too mysterious or vague for me to comprehend.

Dr. J. Cameron Pickett, San Francisco: I believe that this dye is the same that is used in the dyeing of black stockings; the journals have reported several cases of dermatitis from this cause, but I have never seen one.

#### Smoker.

On Friday evening, August 25, the society entertained Professor Ernest Fuchs at a smoker at the Tait-Zinkand Cafe. All visiting doctors who had come to the city to attend the professor's lectures were likewise invited. Everybody present had a grand time, and, while the reunion was a strictly informal one, short addresses were made by the President, by the Chairman of the Eye, Ear, Nose and Throat Section, as well as by Professor Fuchs, Dr. Lamotte of Seattle, Dr. Roberts of Pasadena, Dr. Briggs of Sacramento and Dr. George Powers of San Francisco. At the close of the evening, Dr. Barkan wished the professor Godspeed.

#### Case of Acute Localized Encephalitis After Whooping Cough—Decompression Followed by Relief from Symptoms.

By R. L. ASH, M. D., San Francisco.

Harry O., aged 2 years 8 months, entered Children's Hospital, May 18, 1911. He had been in good health up to January, 1911, when he contracted a

severe whooping cough. On March 13 he was suddenly seized with a general convulsion, which was followed by another three days later. This second attack was succeeded by unconsciousness lasting four hours. The next day, according to the mother, the convulsions changed to their present character. They gradually became more frequent.

The attacks, on admission to the hospital, usually came every few minutes, and lasted five to ten seconds; occasionally, especially in the afternoon, one or two hours might elapse without one. His head and trunk fell to the right (especially noticeable when he sat up); there were slight twitchings of both corners of mouth, sometimes of right fingers. The pupils were dilated, the eyes remained open and staring. He could usually be roused by offerings of chocolate, etc., for which he reached with his right arm.

He stopped walking, probably in fear of falling. That he had fallen frequently was shown by scars on right forehead.

There was no vomiting, no headache, no incontinence.

Physical examination was practically negative, except for a slight spasticity of right arm and leg.

As the attacks were increasing in number and duration, I transferred patient to the surgical service, Dr. Larson, with the diagnosis of focal encephalitis, probably on left side.

On June 16, 1911, Drs. Terry and Larson performed an osteoplastic resection of the skull, widely exposing left motor area. On opening the dura, the brain was found to be oedematus. Further exploration revealed a small reddish patch of firm adhesions, about the size of a half dollar, uniting dura, pia and underlying cortex at about the inferior junction of the anterior central and superior frontal convolutions (trunk area?). The adhesions were broken down, the flap replaced with the exception of a circular piece of bone about two inches in diameter in the neighborhood of the affected area.

After the operation the same frequent attacks continued for about twelve days. Then they became less and less, and finally disappeared about July 6. He soon began walking. Though there had been no aphasia of any kind before operation, for some reason the child stopped speaking till shortly before his discharge, July 27.

At present there is apparently no cerebral trouble of any kind.

The prognosis is exceedingly doubtful. Only a few recoveries, spontaneous or post-operative, are recorded in the literature.

#### Report of the Committee for the Study of Anterior Polyomyelitis in San Francisco During 1910.

Compiled by E. C. FLEISCHNER, M. D., San Francisco.

In July, 1910, a committee, composed of Drs. M. B. Lennon, R. L. Ash, W. F. McNutt, Jr., E. Smith, G. J. McChesney and E. C. Fleischner, was appointed by Dr. Langley Porter, the President of the society, to study and gather data on the epidemic of poliomyelitis which at that time seemed to be prevailing in San Francisco.

At the first meeting of the committee it was decided to address return postal cards to all licentiates practicing medicine in San Francisco, containing the following questions:

1. Have you had any cases of the classical type of poliomyelitis in your practice since January, 1909?
2. Have you had any cases of encephalitis resembling meningitis?
3. Have you had any cases of acute tremor or ataxia in children?
4. Have you had any cases of acute paralysis of the facial or eye muscles?
5. Have you had any cases of acute ascending paralysis?
6. Have any cases other than those in your practice come to your notice since January 1, 1910?